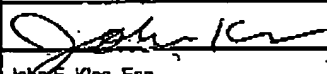


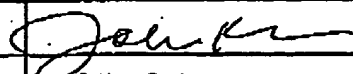
PTO/SB/21 (08-04)

Approved for use through 07/31/2006. OMB 0551-0031
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| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | 10/004,989 | RECEIVED CENTRAL FAX CENTER AUG 11 2005 |
| | Filing Date | December 5, 2001 | |
| | First Named Inventor | ANDERSON, L.E. | |
| | Art Unit | 3553 | |
| | Examiner Name | Kohner, M. | |
| Total Number of Pages in This Submission | 11 | Attorney Docket Number | 10112014 |

| ENCLOSURES (Check all that apply) | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD <div style="border: 1px solid black; padding: 2px;">Remarks</div> | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm Name | Fulbright & Jaworski, L.L.P. | |
| Signature |  | |
| Printed name | John F. Klos, Esq. | |
| Date | Aug. 11, 2005 | Reg. No. 37,162 |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
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| Typed or printed name | John F. Klos, Esq. | Date Aug. 11, 2005 |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. of: ANDERSON, L.E.

Art Unit: 3653

Serial No.: 10/004,595

Examiner: Kohner, M.

Filed: December 5, 2001

Atty. Docket: 10112014

For: Folder Device

AMENDMENT

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed April 15, 2005 and the Notice of Non-Compliant Amendment mailed July 22, 2005, the Applicant submits the following amendments to the claims and remarks. Applicant respectfully requests the Examiner to enter each amendment set forth herein and favorably consider the accompanying remarks.

25555708.1